IMPORTANT SAFETY RECALL

This notice applies to your vehicle, 4NUDT13

MARCH 2015

Dear Isuzu Customer:

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act. Your 2006 model year Isuzu Ascender, VIN 4NUDT13 is involved in safety recall 14V-755.

WHAT IS THE CONDITION?

The manufacturer of your vehicle, General Motors, has decided that a defect, which relates to motor vehicle safety, exists in certain 2006-2008 Ascender vehicles.

The headlamp driver module (HDM) may not operate properly in the thermal environment of the underhood electrical center. If the HDM is not operating correctly, the low-beam headlamps and daytime running lamps could fail to illuminate. This failure could be intermittent or permanent. This condition does not affect the high-beam headlamps, marker lamps, turn signals, or fog lamps. Loss of low-beam headlamps, when they are required, could reduce the driver's visibility, increasing the risk of a crash.

WHAT WE WILL DO?

PARTS ARE NOT CURRENTLY AVAILABLE. The permanent service repair is currently under development. When parts are available, we will send you another letter asking you to take your vehicle to your Isuzu Service Facility to have your vehicle serviced.

WHAT YOU SHOULD DO

Visit our website at www.isuzu.com to identify the Isuzu service facility that is closest to you. If your vehicle has a condition indicating the HDM module is not functioning properly, schedule an appointment with your service facility to perform the repair. Do not operate your vehicle at night without functioning low-beam headlamps. If your vehicle suddenly loses low-beam headlamps while you are operating the vehicle at night, turn on the vehicle's high-beam headlamps as necessary to safely drive the vehicle to the nearest location at which you can safely park and exit the vehicle, then arrange for the vehicle to either be

Continued on reverse.

IMPORTANT: If you have sold or traded your Isuzu vehicle, please enter the owner's name and address, if known, on the attached "Change of Information" postcard, tear off at both perforations, and drop it in the mail. Postage has already been paid. We will contact the new owner.

Federal law requires that any vehicle lessor receiving this campaign notice must forward a copy of this notice to the lessee within ten days. Lessor means a person or entity that is the owner, as reflected on the vehicle title, of any five or more leased vehicles.

that is the owner, as reflected on the vehicle title, of any fiv	ve or more leased vehicles.	v	1
	Tear Here—	We're looking	g to the future by recycling today.
ISUZU	Change Of Ownership / Address		
□ Never owned/	14V-755		
☐ Stolen/			
□ Totaled/scrapped/ 4NUDT	13		To mail
☐ Moved, new address below		Tear	card, tear
☐ Sold vehicle, new owner / address below Signature		ur Here—	at both perforations & remove this piece.
NEW ADDRESS INFORMATION			
Name			
Address			
City	State Zip Zip	i	
Phone (

Continued from reverse.

towed to a service facility or driven to a service facility during daytime hours. Your service facility will install the current HDM service part to correct the condition. This is not a permanent repair. When the revised service part is available, you will receive a second letter advising you to return your vehicle to the service facility for the permanent correction. This service will be performed for you at **no charge.**

If you have any problems obtaining the needed repair or believe that this repair has not been made within a reasonable time, you may contact:

National Owner Relations Department

Isuzu Motors America, LLC 1400 S. Douglass Road, Suite 100 Anaheim, CA 92806 1-800-255-6727

If you still are not satisfied, you may submit a complaint to the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Avenue, S.E., Washington, D.C. 20590, or call the toll-free Vehicle Safety Hotline at 1-888-327-4236 (TTY: 1-800-424-9153); or go to http://www.safercar.gov. The National Highway Traffic Safety Administration Campaign ID number for this recall is 14V-755.

REIMBURSEMENT

If you have already paid for repairs for the recall condition, you may be eligible to have those costs reimbursed. The enclosed form explains the terms under which reimbursement may be available and how to request reimbursement. Among other things, you will need to provide the original paid receipt or invoice verifying the repair and the costs of that repair. Please note that once parts for the HDM modification are available, you should present your vehicle to an Isuzu Service Facility for installation of the modification kit regardless of the prior repairs.

DO YOU HAVE QUESTIONS?

If you have questions or concerns that your Isuzu Service Facility is unable to resolve, please contact the Isuzu Owner Relations Department at 1-800-255-6727.

Sincerely,

ISUZU MOTORS AMERICA, LLC

To mail card, tear at both perforations & remove this piece.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

POSTAGE WILL BE PAID BY ADDRESSEE

CUSTOMER RELATIONS
ISUZU MOTORS AMERICA LLC
1400 S DOUGLAS RD STE 100
ANAHEIM CA 92806-9966

Customer Reimbursement Claim Form

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement. Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized service facility.

Your claim will be acted upon within 60 days of receipt.

This section to be completed by Claimant		
Date Claim Submitted:		
17-Digit Vehicle Identification Number (VIN):		
Mileage at Time of Repair: Date of Repair:		
Claimant Name (please print):		
Street Address or PO Box Number:		
City: State: ZIP Code:		
Claimant Email:		
Daytime Telephone Number (include Area Code):		
Evening Telephone Number (include Area Code):		
Amount of Reimbursement Requested: \$		
The following documentation must accompany this claim form.		
Original or clear copy of all receipts, invoices, and/or repair orders that show:		
 The name and address of the person who paid for the repair. The Vehicle Identification Number (VIN) of the vehicle that was repaired. What problem occurred, what repair was done, when it was done, and who did it. The total cost of the repair expense that is being claimed. Payment for the repair in question and the date of payment. (copy of front and back of cancelled check, or copy of credit card receipt) 		
My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.		
Claimant's Signature:		

If your claim is:

- Approved, you will receive a check,
- · Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please mail this claim form and the required documents to:

Isuzu Owner Relations 1400 S. Douglass Road, Suite 100 Anaheim, CA 92806

Reimbursement questions should be directed to the following number: 1-800-255-6727

Or E-mail: customerservice@isza.com